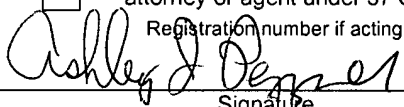




|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | <b>Docket Number (Optional)</b><br>05587-00342-US |                         |
| Application Number 09/000330  |   | Filed May 20, 1998                                |                         |
| For <b>TONER FOR DEVELOPING ELECTROSTATICALLY CHARGED IMAGE OF HEAT ROLLER TYPE COPIER OF PRINTER</b>   |   |   |                         |
| Art Unit 1756   |   | Examiner J. L. Dote                               |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$110.00  | \$55.00 \$ 110.00       |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$420.00  | \$210.00 \$             |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$950.00  | \$475.00 \$             |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1,480.00  | \$740.00 \$             |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2,010.00  | \$1,005.00 \$           |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2775. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) 35,646  |   |   |                         |
| <br>Signature  |   | September 2, 2004<br>Date                         |                         |
| Ashley I. Pezzner<br>Typed or printed name  |   | (302) 658-9141<br>Telephone Number                |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below  |   |   |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |   |                         |

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